

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019473

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 176

Primary Registration District No. 3-63-1

Registrar's No. 15

STATE FILE NUMBER

FILED JUN 4 1962

## 1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

HAWTOWN Ozark top

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

High Way #66

Length of stay in lb

Inside limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

CALIF

b. COUNTY

LOS ANGELES

c. CITY OR TOWN

WHITTIER

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

8024 VICKI DR.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

EVA

LEE

WICKS

## 4. DATE OF DEATH

Month

Day

Year

MAY

6

1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10-5-1923

## 9. AGE (last birthday)

28

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

U.S.A

## 13a. FATHER'S NAME

DES PRAMER

## 13b. MOTHER'S MAIDEN NAME

INSE EVANS

## 14. NAME OF HUSBAND OR WIFE

UNKNOWN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

RUTH COLE HINDSAY, CALIF.

## Address

[REDACTED]

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Broken neck

Car accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

One car accident, lost control

## 20c. TIME OF INJURY

Hour a.m.

11:30

## Month, Day, Year

5-6-62

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway 66

## 20f. CITY, TOWN, OR LOCATION

Highway 66 Lawrence, MO

## COUNTY

[REDACTED]

## STATE

MO

## 21. I attended the deceased from

to

1130

A.M.

and last saw her alive on

her

him

Death occurred at

1130

A.M.

on the date stated above and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[Signature]

## 22b. ADDRESS

[Address]

## 22c. DATE SIGNED

5-10-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

5-11-1962

## 23c. NAME OF CEMETERY OR CREMATORY

MARSHFIELD

## 23d. LOCATION (City, town, or county)

MARSHFIELD

## (State)

MO

## 24. FUNERAL DIRECTOR

BARBER-EDWARDS, MARSHFIELD

## ADDRESS

[Address]

## 25. DATE RECD. BY LOCAL REG.

5-19-62

## 26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0550

2 80402

3

4 1

5 2

6

7 0

8 0

9 X

10

11 055

12 91-3

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William D. Cantrell*

Licensed Embalmer No.

*8850*

P. O. Address

*Republic, M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.